

730 Topeka P.O. Box 287 Lyndon, KS 66451-0287 Phone: 785 828-3146

Permit # ___ Fee: \$50.00

FENCE PERMIT APPLICATION

Date Paid:	

Property owner:		
1 ,	Name	Address
	Phone	Email
Contractor:		
	Name	Phone
		RTY. This information is on your abstract, your tax ounty Register of Deeds Office located in the courthouse.
Type of Material U	sed:	
Cost of Project:		Square Footage:
Estimated starting	date:	Completion date:
Site Plan/Sketch	<mark>is required</mark> (please	attach or provide drawing on the back page)
and the placement of structure, and p	of the proposed fen parking (if applicat	eet showing structure dimensions and locations on the lot ce. Indicate all setbacks, public or private easements, height ble). The property owner or agent is responsible for the nsions given, as well as any legal surveying if needed.
Applicant's Signati	are:	DATE:
The zoning administrator has 10 days to review paid permits once they are submitted. Permits will not be approved and returned before the allotted time. Note: This application (if approved) expires one year after date of issuance unless the project is started within six months of approval.		
	Approved	Denied
SIGNATURE:		DATE:

Lyndon Kansas Planning & Zoning Dept. - Site Plan/Sketch

Contractor:	Phone #:
Permit #:	Address:

Permit Requirements:

*The following requirements

must be clearly marked in

order for your permit to be
submitted for review by
the Planning and Zoning
Administration;

- Neighboring streets
- Property lines
- All existing structures and fences with dimensions
 - Dimensions of the proposed structure
- Structure permanent or non-permanent (movable)
 <u>All</u> set-back distances from property lines
- Height and type of fence (i.e. chain link, privacy, etc)

**The Zoning Administrator will not consider the permit unless all of the above listed requirements are included in the site sketch.

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